

Division of Occupational & Professional Licensing  
160 East 300 South / PO Box 146741  
Salt Lake City, Utah 84114-6741  
Telephone: (801) 530-6628

DOPL-FM-029 REV 01/27/06



## QUALIFIER RESIGNATION FORM

**NOTICE:** Contractor licenses are issued to the business entity (Limited Liability Company, Incorporated etc.) that applied for the license. The qualifier for the business entity is not the owner of the license unless the qualifier was also the owner of the business entity to whom the license was issued. The qualifier for a contractor licensee is required to notify DOPL, in writing, within 10 days of the last date of employment, if they become disassociated from the business entity. (i.e. The qualifier is no longer an employee or officer.)

The disassociated qualifier cannot engage in construction until he/she either applies for a license for his/her own business entity and the license is issued, or he/she again becomes a W2 employee or officer of a licensed contractor. Please be advised that there are administrative or civil and criminal penalties for contracting without a license.

Applications for licensure and applications to become a qualifier for another company can be obtained online at [www.dopl.utah.gov](http://www.dopl.utah.gov), by mail (call Thomson Prometric at 1-800-882-3981), or in person at the Heber M. Wells Building (160 E. 300 S., main lobby, Salt Lake City).

### TO THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING:

I am resigning as the qualifying management employee (qualifier) for the following license:

Licensee (Company) Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Licensee (Company) Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please be advised that effective \_\_\_\_\_ (date) I am / was no longer associated with the above licensee. I also verify that I have read the above notice:

\_\_\_\_\_  
Signature of Resigning Qualifier

\_\_\_\_\_  
Printed name of Resigning Qualifier

Address of Qualifier: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_